Maryland Telemedicine Task Force

Recommendations

Friday, September 19, 2014

The MARYLAND
HEALTH CARE COMMISSION

Telehealth Landscape

- Telehealth adoption is increasing
  - 2013: ~ 61 percent of acute care hospitals; ~9 percent of physicians
- Even though telehealth technology and payment structures are in place today, claim submission for telehealth services is minimal
  - In 2013, about 16 practitioners submitted roughly 132 claims that were reimbursed by payors for services rendered via telehealth
  - Payors indicated that more practitioners may be rendering telehealth services and not using the appropriate modifier when submitting claims

Telehealth Landscape *Continued*

- Medicare reimbursement is limited to rural areas (~4.5 percent of Maryland census tracts) and provides coverage for approximately 73 telehealth services (out of over 10,000)

- Maryland Medicaid reimbursement was previously limited to three pilot programs, recent legislation expanded reimbursement

    - In 2013, only one hospital submitted two telehealth claims to Medicaid

    - In 2013, roughly 75 telemental claims were submitted to Medicaid by Federally Qualified Health Centers, mental health clinics, and physicians

Telehealth Use Cases

- The Telemedicine Task Force (task force) recommended use cases as a way to accelerate telehealth diffusion in the State
    - Use cases are defined as *pilot projects narrow in scope to test concepts before introducing them more widely*
    - Use cases aim to improve patient outcomes, reduce costs, and create a sustainable change in the way care is delivered
- The task force proposed the General Assembly consider providing approximately $1 million in funding for the implementation of select telehealth use cases
    - Select use cases would be competitively funded through cooperative grants between the State and the recipient

Telehealth Use Cases *Continued*

- Most use cases would be implemented in rural and underserved areas, and address potential increased demand for health care services due to implementation of health care reform
    - Grants awarded through a two-year partnership with MHCC
    - Lessons learned will inform future telehealth initiatives
- Absent funding from the General Assembly, the use of telehealth will remain stifled under existing models of care delivery where the incentives do not encourage innovation in health care delivery

Clinical Advisory Group

Recommended telehealth use cases to enable various telehealth applications by payors and practitioners

1. **Improve transitions of care between acute and post acute settings through telehealth**

2. **Manage hospital prevention quality indicators**

3. **Incorporate telehealth in hospital innovative delivery models through ambulatory practice shared savings programs**

4. **Require value-based reimbursement models to factor in reimbursement for telehealth**

Clinical Advisory Group *Continued*

5. Emergent telemedicine applications in hospital emergency departments and during transport of critically ill patients

6. Public health screening, monitoring, and documentation with data exchange

7. Telehealth in schools for asthma management, diabetes, childhood obesity, behavioral health, and smoking cessation

8. Telehealth for routine and high-risk pregnancies

Clinical Advisory Group *Continued*

9. Widespread community site deployment of telehealth services connected to health care professionals and/or the statewide health information exchange

10. Remote mentoring, monitoring and proctoring for the expansion, dispersion and maintenance of skills, supervision, and education

Finance and Business Model Advisory Group

- Identified key financial and business model challenges of deploying the use cases
  - Reimbursement structure
  - Remote facility and delivery site billing
  - Practitioner availability, monitoring, and care coordination; practice transformation and redesign
  - Timeframes for implementation
- Considered proposing policy solutions; concluded, at this time, statewide policy would inhibit innovation in deployment of the use cases
- Organizations need to develop solutions to mitigate implementation challenges unique to their organizations

Technology Solutions and Standards Advisory Group

- Determined the use cases could be implemented with current and evolving telehealth technology
- Identified a barrier to telehealth diffusion is the lack of information available about practitioners rendering telehealth services and technologies utilized
  - Recommended the development of a publically available online telehealth provider directory (telehealth directory)
  - Telehealth directory would include information about telehealth services offered by Maryland practitioners and technologies used

Technology Solutions and Standards Advisory Group *Continued*

- The telehealth directory will be made available through the MHCC's State-Designated Health Information Exchange, the Chesapeake Regional Information System for our Patients (CRISP)

- The existing CRISP provider directory includes over 36,000 practitioners, as identified by payors participating in the health insurance exchange

- If the telehealth directory is funded, it will be populated through modifications to the CRISP participating organization registration process

Remarks

- Telehealth provides the opportunity to enhance the patient experience by increasing access to care
- The task force recommendations, if implemented, are expected to improve quality of care, contain health care costs, and increase patient and provider satisfaction
- Collaboration among stakeholders is essential in implementing the use cases to foster more rapid diffusion of telehealth
- Evidence from the use cases will be compiled by MHCC to inform future telehealth policy

Next Steps

- September – Finalize draft report with stakeholders
- October – Begin implementation of MHCC-funded long-term care and hospital telehealth pilots
- October 16th – Present report to MHCC Commissioners
- December 1st – Submit the final legislative report to the Governor and General Assembly
- Pending funding approval, begin use case implementations in FY 2016

Thank You!

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